## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name <del>rigs n' gigs inc</del> 4336 KNIGHTS STATION RD 4336 KNIGHT STATION LAKELAND FL 33810 LAKELAND FL 33810 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/05/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-3122511 Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUTNER, VICKI 1743 ITCHEPACKESASSA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 88800 33810 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NO16 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE BUTNER, VICKI NAME 1.2 NAME 1743 ITCHEPACKESASSA DR. 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY - ST- 7IP DELETE 2.1 TITLE Change Addition TITLE **BUTNER, STEVE** NAME 2.2 NAME 1743 ITCHEPACKESASSA DR STREET ADDRESS 2.3 STREET ADDRESS 33810 lakeland fl CITY-\$1-ZIP 2. 4 CITY - ST- ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 700002537327 NAME 6.2 NAME -05/27/98--01095--004 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 64 CITY-\$1-2IP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changing or on an areachment with an addition. VICKI BUTILE